

Quality of Vision Questionnaire

For class 2 aviation duty following corneal refractive surgery (CRS)

Read the questions carefully and answer truthfully. Concealment of medical history shall be reported to higher authority and may result in permanent disqualification. Each positive response for items 1-4 or negative response to item 5 requires elaboration by a flight surgeon or eye care provider. If symptoms are corrected by spectacle wear, note this and record the prescription used. Waiver recommendation after CRS for aviation duty requires compliance with the appropriate Class II visual standards AND freedom from significant visual symptoms. If these conditions are achieved only with corrective eyewear, then updated spectacles shall be worn for all aviation duty.

1. When you read brightly illuminated road signs at night, do you have **any significant problems** with **hazy vision**?

YES ☐ NO ☐

2. Do you have **any significant problems** with **glare or halos** from oncoming headlights at night?

YES ☐ NO ☐

3. Do you have **any significant problems** seeing because of **double vision or ghost images**?

YES ☐ NO ☐

4. Do you have **any significant problems** seeing people or things at **twilight**?

YES ☐ NO ☐

5. Do you have **confidence** in your visual ability to perform your aviation duty?

YES ☐ NO ☐

Respondent's signature: _____ Date: _____

Item Block Comment

Provider signature and identification: _____

RESPONDENT IDENTIFICATION

Name: Last _____ First _____ M.I. _____

SSN: _____